REMARKS

In the Office Action mailed May 1, 2006, claims 1-20 are rejected and claims 7 and 18 are objected to. In this Amendment, claims 1-4, 8-15, 19, and 20 are currently amended to particularly point out and distinctly claim the invention without adding new matter. Also, claims 7 and 18 are canceled. Claims 1-6, 8-17, 19, and 20 are pending after entry of this Amendment.

Applicant has carefully reviewed the arguments presented in the Office Action and respectfully request reconsideration of the claims in view of the foregoing amendments to the claims and remarks presented below.

Claim Objections

Claims 7 and 8 are canceled, which renders objections to those claims moot.

Claim Rejections under 35 U.S.C. § 102

Claims 1-20 were rejected under 35 U.S.C. §102(b) as being anticipated by Coutré (US 5,317,506). This rejection is traversed since Coutré fails to teach each and every element of independent claims 1, 11, 12 as currently amended.

In regard to claim 1, although the Office asserts that Coutré discloses "processing of infusion data, or medical treatment parameters, to include such details as volume per dose, time per dose and dose frequency, results in subsequent label generation that will be affixed to the drug solution," Coutré fails to disclose a processor "configured to determined a medical treatment guideline in accordance with the analysis" of the "compiled treatment parameter values" complied from the "medical treatment data associated with the medical treatments actually delivered to a plurality of patients," as required by claim 1. Further, although "run analysis" is shown at step 734 in FIG. 42 of Coutré, step 734 is followed only by "print analysis" at step 736. Importantly, there no disclosure in Coutré of determining "a treatment guideline in accordance with the analysis," as required by claim 1.

In regard to claim 2, although the Office asserts that Coutré teaches indicating whether bar code data falls within expected ranges, Coutré fails to teach a processor configured to

analyze compiled treatment parameters values where the analysis includes providing a statistical distribution of the complied treatment parameter values that are compiled from the medical treatment data associated with the medical treatments actually delivered to a plurality of patients, as required by claims 1and 2.

As for claim 3, although the Office states that Coutré discloses a database "which will be used to compare the data on a bar code read from the patient's chart, the infusion solution, and that which was originally specified for a patient," Coutré fails to disclose comparing "compiled treatment parameter values" to "acceptable values" as required in claim 3. The "compiled treatment parameter values" of claim 3 are, according to claim 1, compiled from "medical treatment data associated with medical treatments of a ***plurality*** of patients." In contrast, the cited comparison of bar code data in Coutré involves comparison of data for a ***single*** patient, not a plurality of patients.

Referring to claim 4, the Office states that Coutré discloses that a person may edit data to adjust a drug regimen as a result of a comparison. However, such manual adjustment by a ***person*** of a drug regimen for a ***single*** patient at a time provides no teaching of a ***processor*** configured to adjust acceptable values, as required in claim 4. The "acceptable values," according to claim 1, are represented by a medical treatment guideline that is determined in accordance with the analysis of the treatment parameter values compiled from the medical treatment data associated with medical treatments actually delivered to a ***plurality*** of patients.

In regard to claim 8, although the Office states that Coutré teaches a system capable of transferring "a record of patient and infusion data" to the pharmacy management system, Coutré fails to disclose a processor "configured to integrate the determined ***medical treatment guideline*** to a database," as required by claim 8. The record of patient and infusion data in Coutré is not determined by an analysis of complied treatment parameter values. As such, the record of patient and infusion data in Coutré is different from the "medical treatment guideline" of claim 8, which according to claim 1, is determined in accordance with analysis of complied treatment parameter values.

Referring to claim 9, the Office states that "the system of Coutré is capable of determining an optimum regimen value as evidenced by the beep or alarm which is sounded by

virtue of being within or outside a predetermined range of infusion data." However, the beep in Coutré, which merely prompts a ***person*** to edit an infusion regimen for a ***single*** patient at a time, fails to teach the requirement of claim 9 that a ***processor***, not a person, be "configured to determine a medical treatment guideline" representing an optimum value. Further, the "medical treatment guideline," according to claim 1, is determined in accordance with the analysis of the treatment parameter values compiled from the medical treatment data associated with medical treatments actually delivered to a ***plurality*** of patients.

Referring to claim 10, the Office states that Coutré teaches that physiological data can be used to alter a planned infusion program. However, such alteration of an infusion program in Coutré based on physiological data from ***one*** patient does not involve a processor configured to "analyze the treatment parameter values of the selected treatment parameter with respect to the corresponding data for each of the ***plurality*** of patients," as required by claim 10.

Regarding claim 11, Coutré fails to teach a processor configured to "determine a medical treatment guideline in accordance with the analysis" of "the compiled treatment parameter values" compiled from the "medical treatment data associated with the medication actually delivered to each of the plurality of patients" as required by claim 1.

As for claim 12, Coutré fails to teach the step of "determining a medical treatment guideline in accordance with the analysis" of "the compiled treatment parameter values" complied from the "medical treatment data associated with medical treatments actually delivered to a plurality of patients" as required by claim 12.

Claims 13-17 are novel over Coutré as being dependant on claim 12 and for the reasons given above in connection with claim 3 and 4, respectively.

Claims 19 and 20 are novel over Coutré as being dependant on claim 12 and for the reasons given above in connection with claim 8 and 9, respectively.

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In view of the foregoing, Applicant respectfully submits that the pending claims are in condition for allowance.

Respectfully submitted,

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